



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3500 E COLORADO BL #102, PASADENA, CA 91107

TELEPHONE: (626) 228-9715

OWNER OF BUSINESS: YIN FENG YAO

CAL, DR. LIC.#



NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AROMA HEALTH CENTER

MAILING ADDRESS: 3500 E COLORADO BL #102, PASADENA, CA 91107

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

			AFFROVED	DATE	SIGNATURE
	1.	Animal Care & Control			
	2.	Risk Management	· · · · · · · · · · · · · · · · · · ·		
X	3.	Building & Safety	YES	10/01/15	tchen
X	4.	Fire Department	YES	12/22/15	tchen
X	5.	Public Health	YES	12/16/15	tchen
	6.	Treasurer & Tax Collector			
X	7.	Business License Commission		<u> </u>	
X	8.	Sheriff Department	YES	03/10/16	nlove
X	9.	Regional Planning Commission	YES	09/22/15	tchen
	10.	. Weights and Measures			
X	11.	. Publishing	YES	03/17/16	tchen
	12.	. Public Works - EPD			
X	13.	. Sheriff Fingerprint	YES	03/10/16	nlove
	14.	. Emergency Medical Services			
		· ·			



1(800) 544-6861

Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$					ID# <u>192707</u>	
	D.	ICINICC INC			·	
	BC	ISINESS INF		<u> </u>		····
Type of Business: Park V	~ *	Address of Bu	. 1	al 1	. 0 / ~	· m
Massage & Rhysical	Thomas	3500 E	Slorago	RIVA SIE 10	2. Paradena. CF	9/13
37 97 1175 1	110/04/	Business Tele	phone: 626	-405-99	77	
DBA (Business Name):		Mailing Addre				
Aroma Health Cen	ter. Inc.	3500 E	Colorado	Blvd STE 102.	ParadenaCA 9	1157
Sellers Permit # (State Board of Equ	ualization):					,
Business Ownership Structure:	Single	Owner Part	nership1	LC Corporatio	n V	
If LLC or Corporation, the informati	on below is requ	ired:		. _ .		
Date of incorporation: 04-28	7-2014	Incorporated	in the State of:	CA	<u> </u>	
Exact Corporate Name: Avomo		Center, In				
Names of Officers		Addres			Titles	
Serena Y Yao		1 2		Pres	sident	
		1.284	Virgani Bayoni, a			
			<u> and a supplemental for the s</u>			
• .						
•	ΔΡΙ	PLICANT INF	ORMATIO	N	•	
Applicant's Full Name:	AFI	EICAINI IIVI	ONIVIATIO	11	<u> </u>	
Sere	na Y	rao			·	
Home Address:						
	والمعورة والمتعددة والمتعدد وا	<u>angala dalila limbili, na pagaban dalila da sa sa</u>				
Home Telephone:	Cell Phone:			address:	-1	
· · · · · · · · · · · · · · · · · · ·			Cy/	'053b@gmai	1.com	
Social Security #:	Date of Birth) :	Place	of Birth:		
Driver's License or State ID#:			Evnira	tion Date		
Dilver's Electise of State 124.			Expire	cion pace		
Male Female Heigh	V	Veight	Hair Color	Eye C	olor San	
The information contained herein i	s true and corre	ct to the hest of	my knowledge	and belief. As a co	ndition of the issuance	of the
Business License applied for, I agre		-	•	-	=	
Business License in accordance wit	•				, -	
may be used in connection therew	-	-			• • •	
al at	•		<i>a</i> /	<i>^</i> .		
Date: <u>99/18/1</u>	Applicant	's Signature:	8 4	en	<u> </u>	
	,,	-			0.1.1	
Application taken by:	_	(Du		. Date:	11/18/2010	(
		Ü				
* If you cuspect fraud or wro	nadoina by a	County of Los	· Angeles em	inlovee report it	to the fraud hotlir	o ot

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENER	AL	
ADDRESS OF BUSINESS: 3500 E COLORADO BL #	102, PASADENA, CA 91107	
TELEPHONE: (626) 228-9715		
OWNER OF BUSINESS: YIN FENG YAO		
CAL. DR. LIC.#	•	
NAME OF PERSON FINGERPRINTED:		
FICTITIOUS NAME: AROMA HEALTH CENTER		
MAILING ADDRESS: 3500 E COLORADO BL #102,	PASADENA, CA 91107	
DATE THAT YOU STARTED BUSINESS:		
PREVIOUS OWNER'S NAME, IF KNOWN:		
THIS IS AN APPLICATION FOR: NEW LICENSE		
•	G & SAFETY COUNTY	
APPROVAL	☐ DENIAL	
RECOMMENDATION:		سسبور الساس
SIGNATURE: CA. Silva C. 4 Silva S.	DATE: <u>9/28/15</u>	
BASIC LICENSE NO. 5910 DATE 09/22/	3/39/16 15 IDENTIFICATION NUMB	ER 142709

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TELEPHONE: (626) 228-9715 6715

OWNER OF BUSINESS YIN FENG YAO

CAL DR LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AROMA HEALTH CENTER

MAILING ADDRESS: 3500 E COLORADO BL #102, PASADENA, CA 91107

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BIRE DEPARTMENT LA COUNTY

APPROVAL		DENIAL			
RECOMMENDATION:	Exit signs	need it	lumination		*** %
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SIGNATURE: Lyt	2. Aglas	DATE:	12/18/15		
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ADDRESS OF BUSINESS	: 3500 E COLORADO BL #10	02, PASADENA, CA 91107		
TELEPHONE: (626) 228-	9715			
OWNER OF BUSINESS:	YIN FENG YAO			1
CAL. DR. LIC.#				
NAME OF PERSON FING	ERPRINTED:			
FICTITIOUS NAME: ARC	OMA HEALTH CENTER			
MAILING ADDRESS: 350	00 E COLORADO BL #102,	PASADENA, CA 91107		
DATE THAT YOU STAR	TED BUSINESS:		• •	
PREVIOUS OWNER'S NA	ME, IF KNOWN:			
THIS IS AN APPLICATIO	N FOR:NEW LICENSE		MONFOVIA	
	PUBLIC	HEALTH		
	ER OF BUSINESS: YIN FENG YAO DR. LIC.# : B OF PERSON FINGERPRINTED: THOUS NAME: AROMA HEALTH CENTER ING ADDRESS: 3500 E COLORADO BL #102, PASADENA, CA 91107 I THAT YOU STARTED BUSINESS: IOUS OWNER'S NAME, IF KNOWN: IS AN APPLICATION FOR: NEW LICENSE PUBLIC HEALTH LA COUNTY APPROVAL DENIAL DEMIAL			
	APPROVAL	DENIAL		
RECOMMENDATION:			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE:	3		16/15	

DATE 09/22/15

BASIC LICENSE NO. 5910

IDENTIFICATION NUMBER 142709

2/3 633 5427

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR **BUSINESS LICENSE SECTION REVENUE & ENFORCEMENT DIVISION**

TO: DEPARTMENT OF REGIONAL PLANNING 320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360 LOS ANGELES, CALIFORNIA 90012

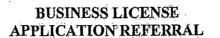
FROM: BUSINESS LICENSE SECTION 225 NORTH HILL STREET ROOM 109 LOS ANGELES, CALIFORNIA 90012

S 365. TELEPHONE: (213) 974-2011 FAX: (213) 633-5427	
DATE: July 6, 2015	
TYPE OF BUSINESS AND CODE: Massage Parlor	
BUSINESS ADDRESS: 3500 E Colovado Bl.d. #107	
CITY: Pasadena, CA 9/107 APN#: 5754-018-031	
NAME OF OWNER: Yin Feng Yao PHONE#:	,
D.B.A./NAME OF BUSINESS: Aroma Health Center CELL PHONE#	
MAILING ADDRESS: 3500 E Colorado Blvd. #102, Pasadena, CA 91107	
E-mail ADDRESS:	
	,
To be completed by Regional Planning RBUS 20150396	
EXISTING USE: New () Renewal (V) PROJECT # DEPARTMENT OF REGIONAL PLANN 320 W. TEMPLE STREET, ROOM 1360	IING 0
CELL PHONE #: HALL OF RECORDS LOS ANGELES, CALIFORNIA 90012	•
use permitted in zone <u>C-3</u> use not permitted in zone:	
APPROVEDDENIED:	
REMARKS: <u>Approved for manage parlos per CUP 99-103.</u>	
SIGNATURE: DATE: 8/31/2015	

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS



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CAL. DR. LIC.# 4/18/74
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DATE THAT YOU STARTED BUSINESS:
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SHERIFF FINGERPRINT LA COUNTY

<u>.</u>	APPROVAL	☐ DENIAL	
RECOMMENDATION:			NATE S. WINDS EAST STREET, MANAGEMENT
	ApprovED		
signature:/	534470	DATE: 3/10:/16	nakkassun seenässä n = .e su.
RASIC'I ICENSE NO. 5018	DATE 89/22/15	IDENTIFICATION NUMBER	142709

9/22 Scared TC TONY 3/10